

Name
in
Full

No Name Beasley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Lawsonia	County	Somerset	MARYLAND
Date of death	Month	1909 3	Day	13	Years
Age	still born	Montha	Days		
Sex	Male	Color or Race	white	Birth-place	Lawsonia Md
Occupation	now	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	✓
Father's Name	See Jas Beasley			Mother's Birthplace	✓
Mother's Maiden Name	Dolcine A Somers			How related to deceased	✓
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

8

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

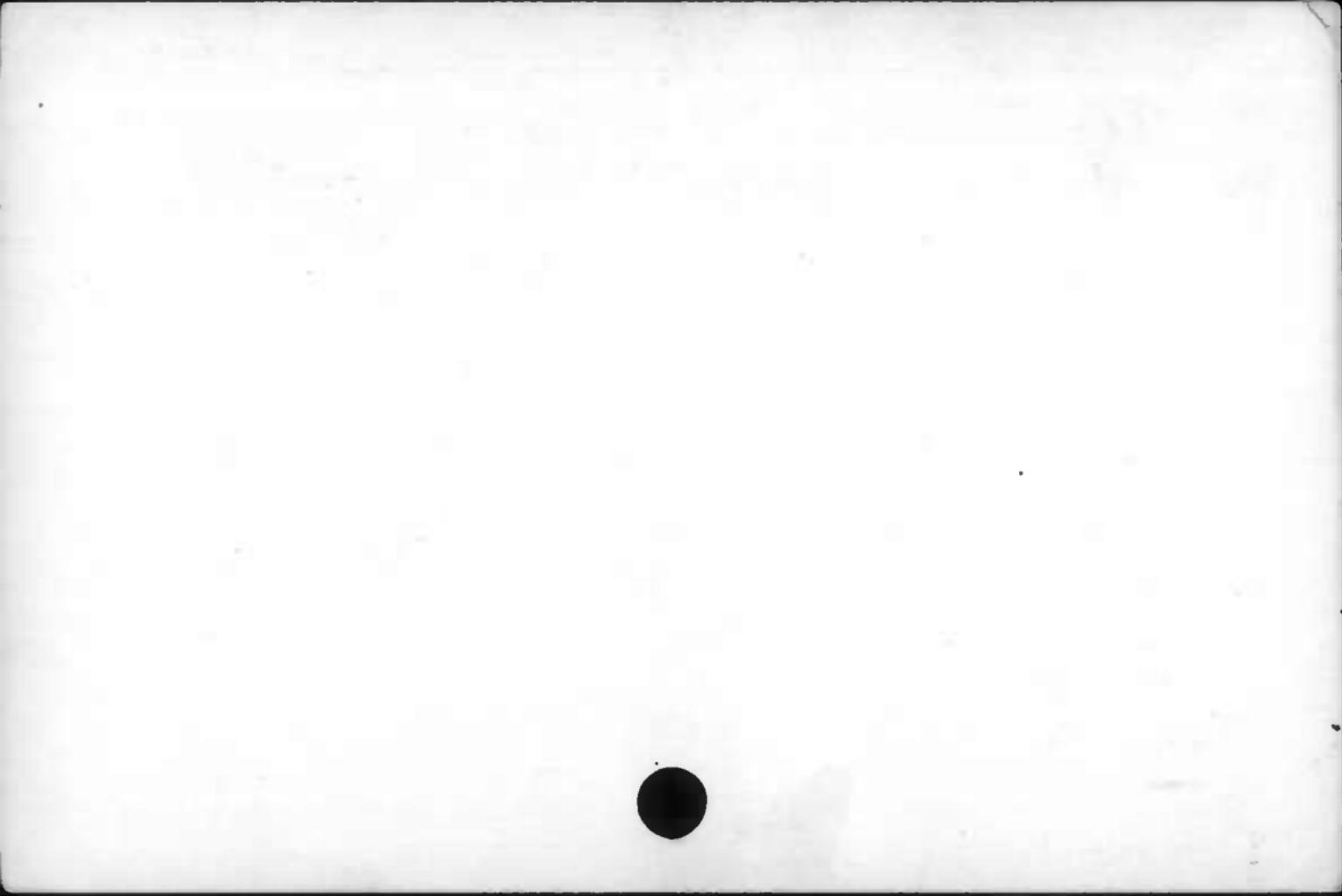
yes

Signature of
Physician

Address

W F Hall
Oriolefield Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Desmond Bell

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month March	Day 8 th	Age 85	Month	Day
Sex	Male	Color or Race	Somerset Colored			
Occupation	Billing Broker		Where Residing if not et place of death	Somerset Colored		
Married, Single or Widowed	Single	Name of Wife or Husband	Second Marriage			
Father's Name	John Bell		Father's Birthplace	John Bell		
Mother's Maiden Name	John Bell		Mother's Birthplace	John Bell		
Name of person giving Information	Elliott Bissell		How related to deceased	None		

CAUSES OF DEATH

Primary

Old Age

154

How long

Immediate

one month

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

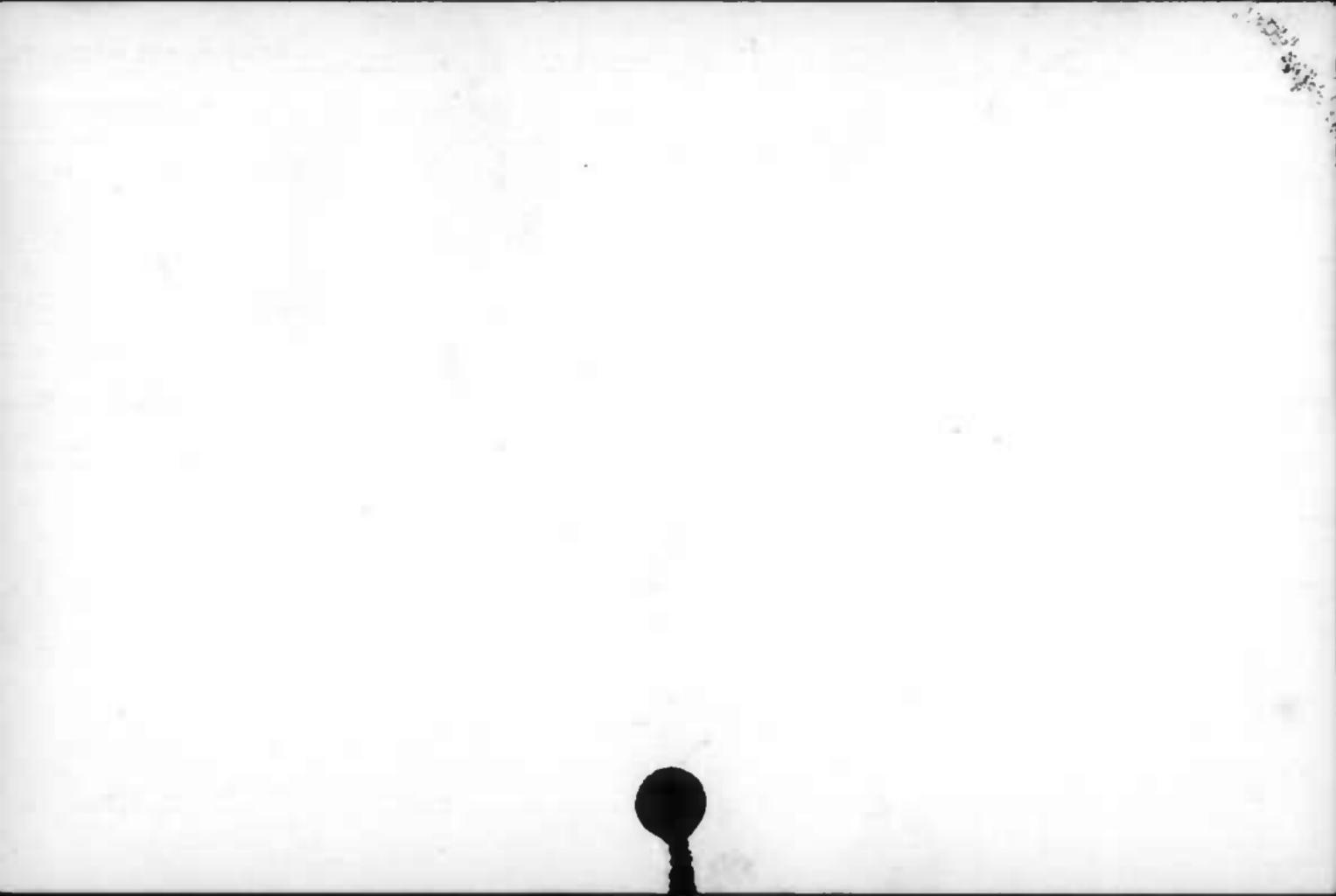
Address

yes

None

811 Pennsylvania
Suburbia
Somerset Colored

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Roger Bosman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Princess Anne

County Somerset

Date
of death

Month

Day

Years

Months

Days

1909 March

20

Age 36

Age

Sax

Male

Color or
Race

White

Birth-
place

Ned.

Occupation

Farmer Carpenter

Where Reiding if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Huabnd

Judia Nelson.

Father's
Name

Henry Bosman

Father's
Birthplace

Ned.

Mother's
Maiden Name

Mary Bosman

Mother's
Birthplace

Ned.

Name of person giving
Information

Gillard Bosman

How related
to deceased

Brother

CAUSES OF DEATH

27

How long

2-3 yr old short

How long

Diagnosis

Primary

Pulmonary Tuberculosis

Immediate

Catharrh

Are the name, age, sex, color, data
and plaeca correctly given above?

yes

Signature of
Physician

Address

Char. Hospital

Princess Anne

Ned

Accident or Suicide



Name
in
Full

Buddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190	9	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place Marion Md		
Occupation	Insurer		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Roy Buddell		Father's Birthplace Somerset Co			
Mother's Maiden Name	Pearl Mc Gee		Mother's Birthplace Somerset Co			
Name of person giving Information	Pearl Mc Gee		How related to deceased Mother			

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

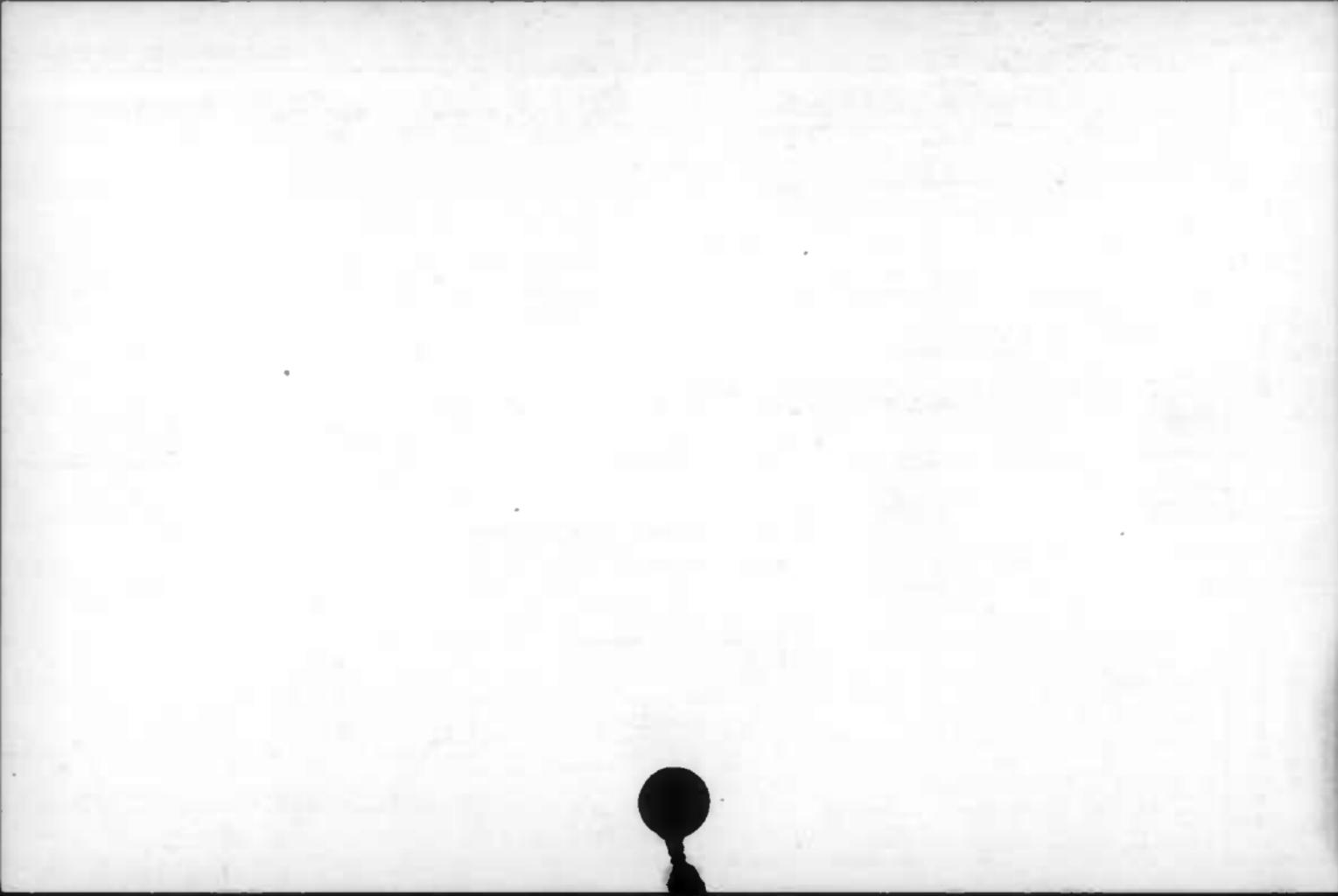
yes

Signature of Physician

Address

W. L. G. B. Allen
Marion Md.

Accident or Suicide



Name
in
Full

Childs, Geo. O. Briddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Marmaroo	Somerset			
Date of death	1909	Month	Month	Years	Days
	March	15		3	
Age					
Sex	Male	Color or Race	white	Birth-place	2nd
Occupation	Linfair - Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George O. Briddle				
Mother's Maiden Name	Edeline. Bridgle				
Name of person giving Information	George O. Whittington				

CAUSES OF DEATH

93

How long

8 day -

PHYSICIAN
OR CORONER

Primary

Pneumonia.

Immediate

Heart Failure

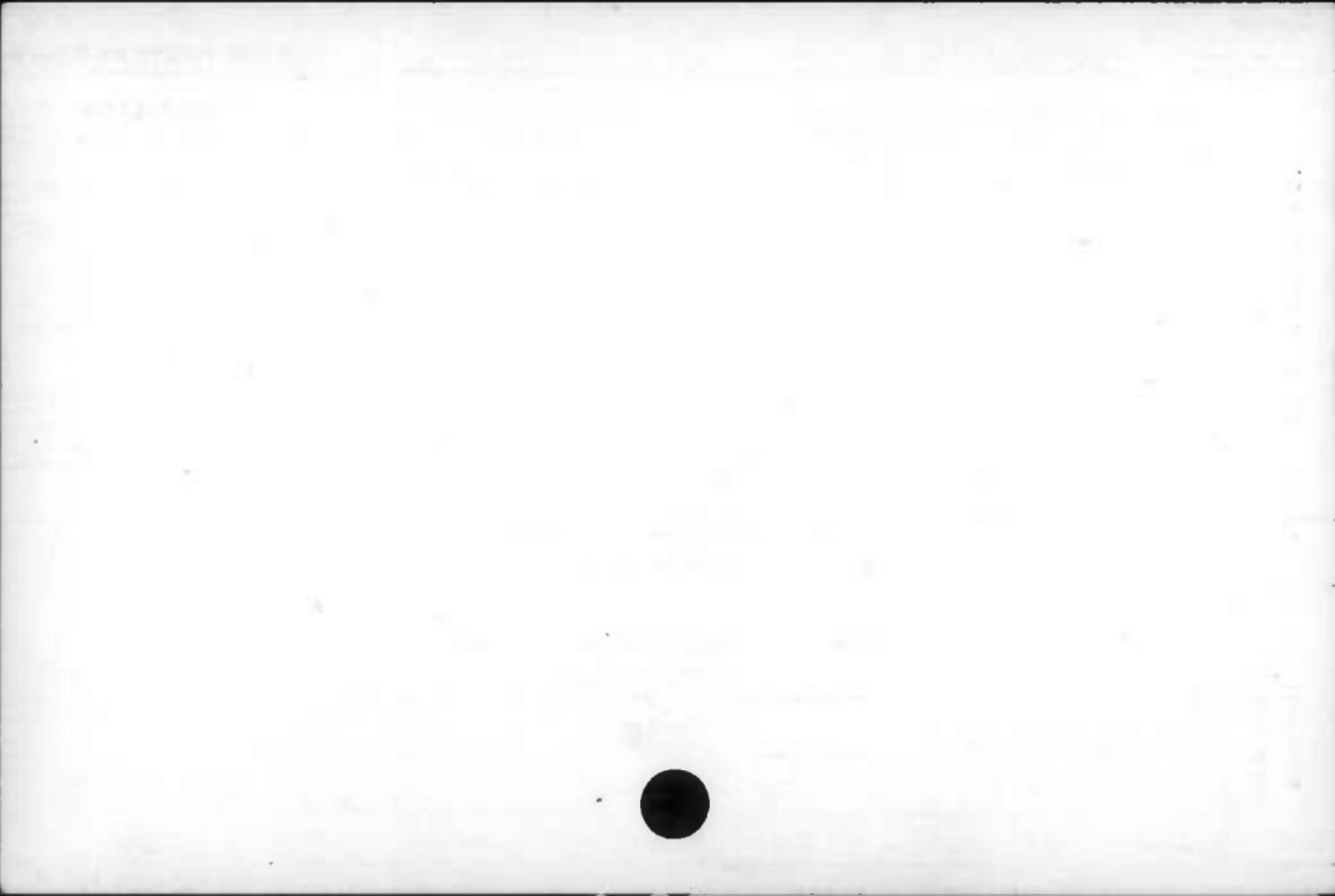
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. G. B. Allen
Somerset
2nd.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1909	3	5	38			
Sex	Male	Color or Race	White	Birth- place	Somerset Co	
Occupation	Farmer		Where Residing if not at place of death	Somerset Co and		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Milbourn		Som. Co	
Father's Name	Robt Bluff		Father's Birthplace			
Mother's Maiden Name	Do not know		Mother's Birthplace	✓		
Name of person giving Information	Chas W. Wainwright		How related to deceased	Not a relative		

CAUSES OF DEATH

27

How long

14 years

How long

2883 Wks

Primary

Tuberculosis

Immediate

Heart weakness

Are the name, age, sex, color, date
and place correctly given above?

Yes

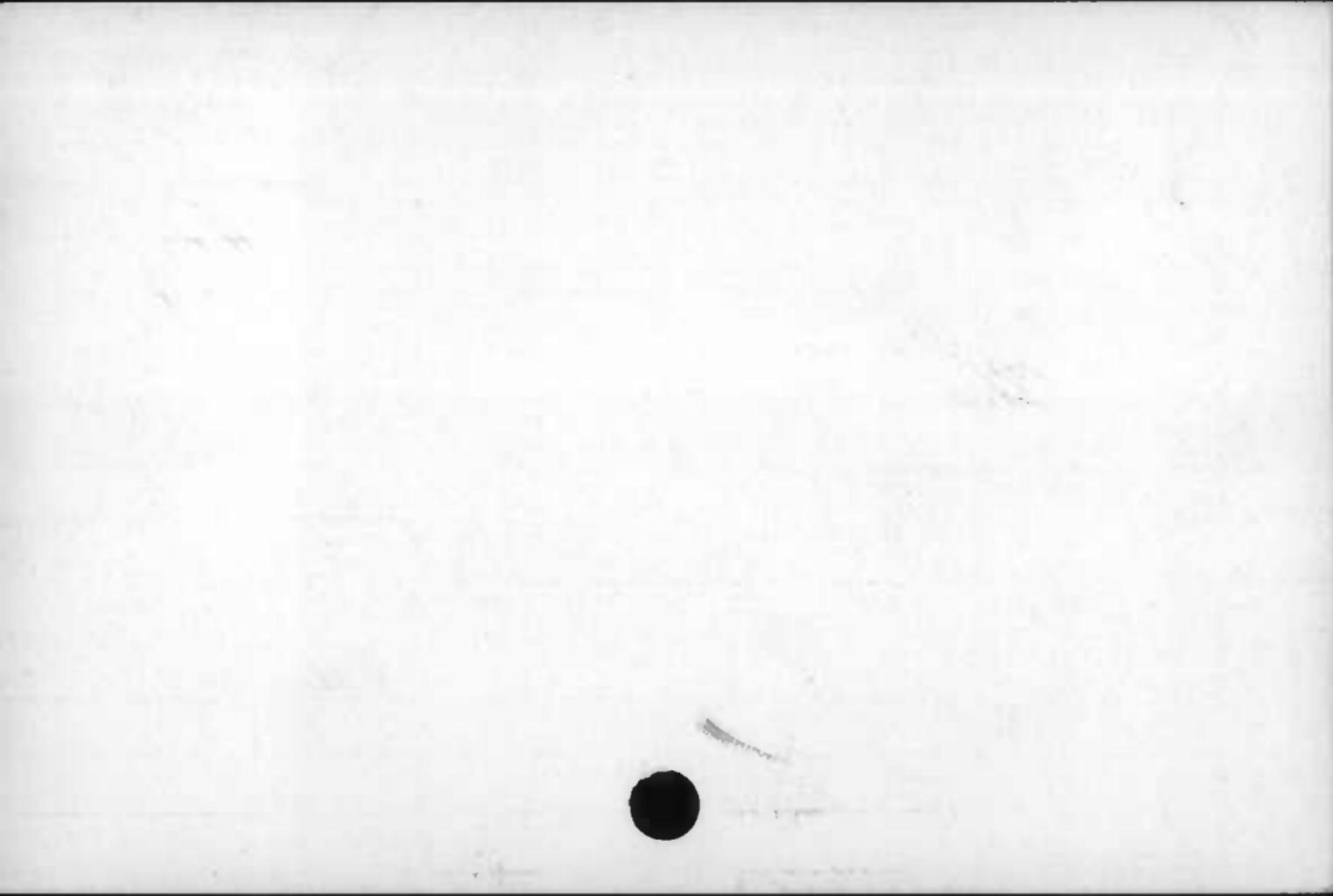
Signature of
Physician

Address

Chas W. Wainwright
Princes Anne
Md

Accident or Suicide?

No



Name
in
Full

Sarah Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at <i>1000 Dorcas Ave</i>		<i>Dorcas</i>			
Date of death <i>1909</i>	Month <i>March</i>	Day <i>1</i>	Years <i>80</i>	Month <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>md.</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sacrael Collins</i>		Father's Birthplace <i>md.</i>		
Father's Name <i>Isaac Jackson</i>			Mother's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Leah Johnson</i>			How related to deceased <i>Stephan.</i>		
Name of person giving Information <i>Geo. Jackson</i>					

CAUSES OF DEATH

154

How long

Progressive.

How long

Several weeks

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

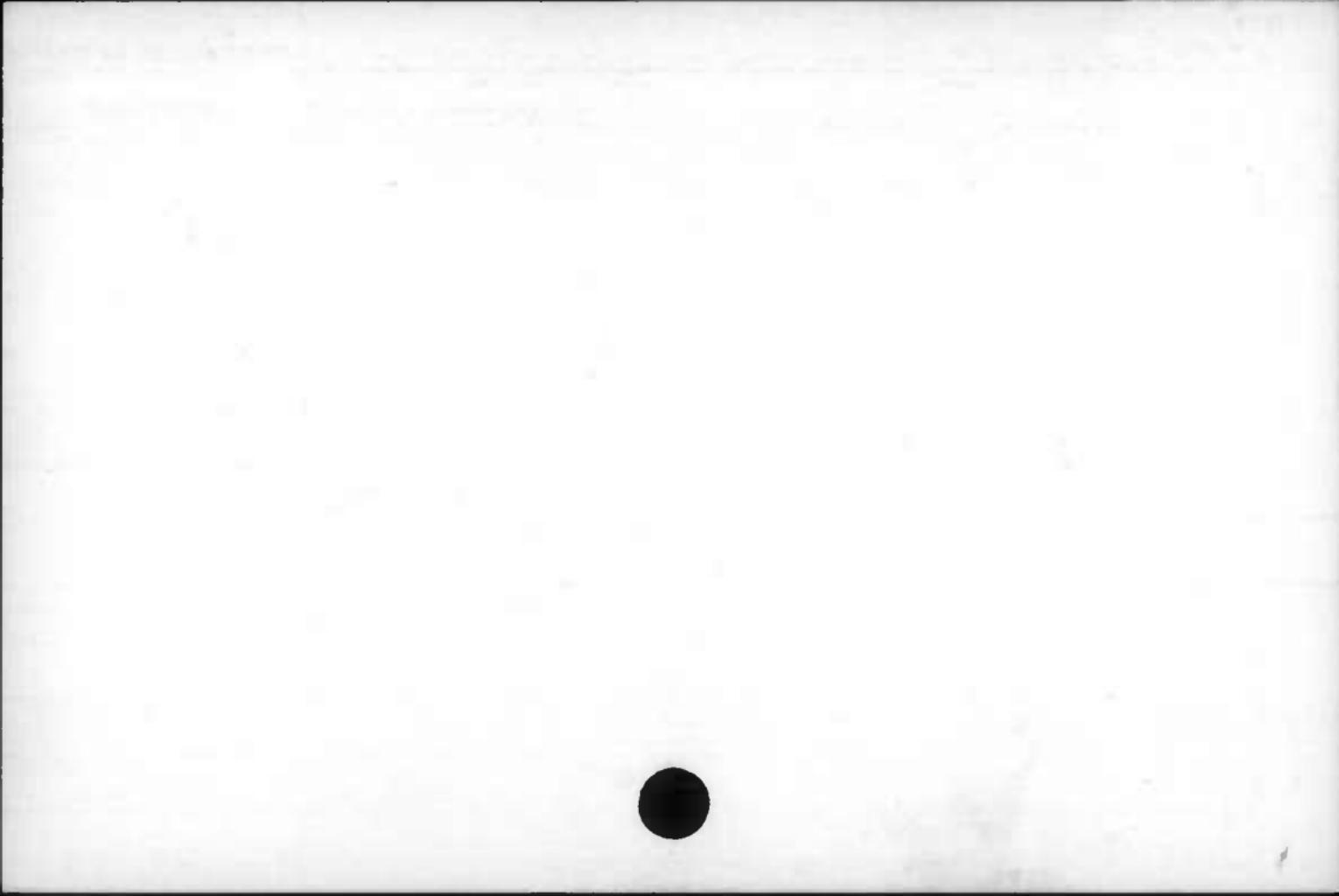
Signature of
Physician

Chas. T. Fisher, M.D.

Address

1000 Dorcas Ave, md

Accident or Suicide



Name
in
Full

Caleb Cottman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cottage Farm		Somers	d.		Somers	
Date of death	1909	Month	Day	Years	Months	Days
12	25	Age			1	101
Sex	Female	Color or Race	Blacks	Birth-place	and	
Occupation	✓	Where Residing if not at place of death				✓
Married, Single or Widowed	✓	Name of Wife or Husband				✓
Father's Name	Caleb Cottman				Father's Birthplace	and
Mother's Maiden Name	Anna Bolland				Mother's Birthplace	and
Name of person giving Information	Caleb Cottman				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cough

9

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

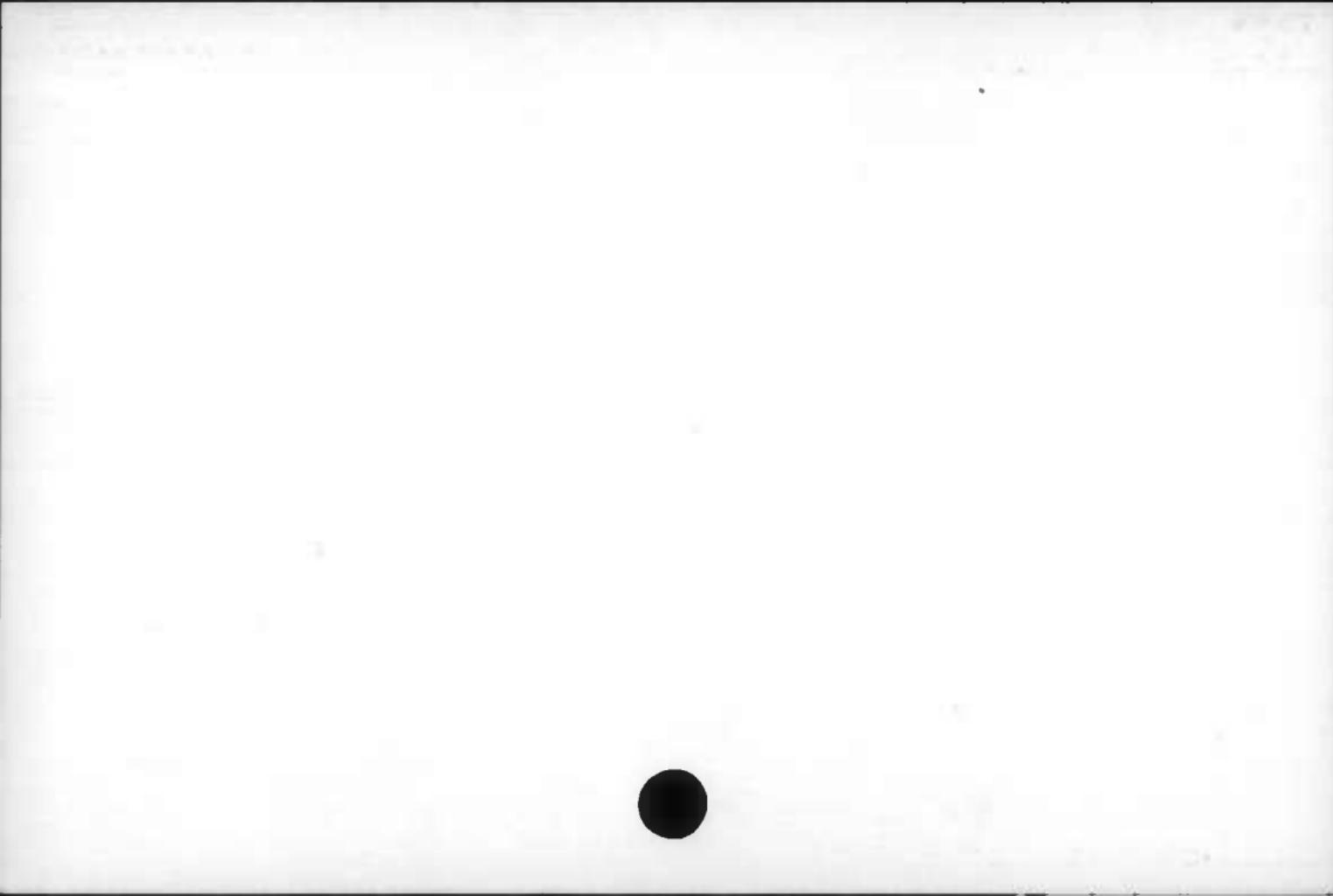
yes

Signature of Physician

Address

R. M. Smith (not in attendance)
Dr. George W. B. Cottman

Accident or Suicide



Name
in
Full

Mary Costinare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died <u>near Princess Anne</u>		Town <u>Somerset</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>20</u>	Years <u>50</u>			Months	Days
Sex <u>Female</u>	Color or Race <u>Color</u>					Birth-place <u>md.</u>	
Occupation <u>Housework</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Daniel Lushford</u>						
Father's Name <u>Hickman</u>				Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Grace Hickman</u>				Mother's Birthplace <u>md</u>			
Name of person giving Information <u>Walter Dixon</u>				How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

27

How long

4 yrs claimed

How long

Several days

Primary

Pulmonary Tuberculosis

Immediate

Obstruction

Are the name, age, sex, color, date and place correctly given above?

Yes

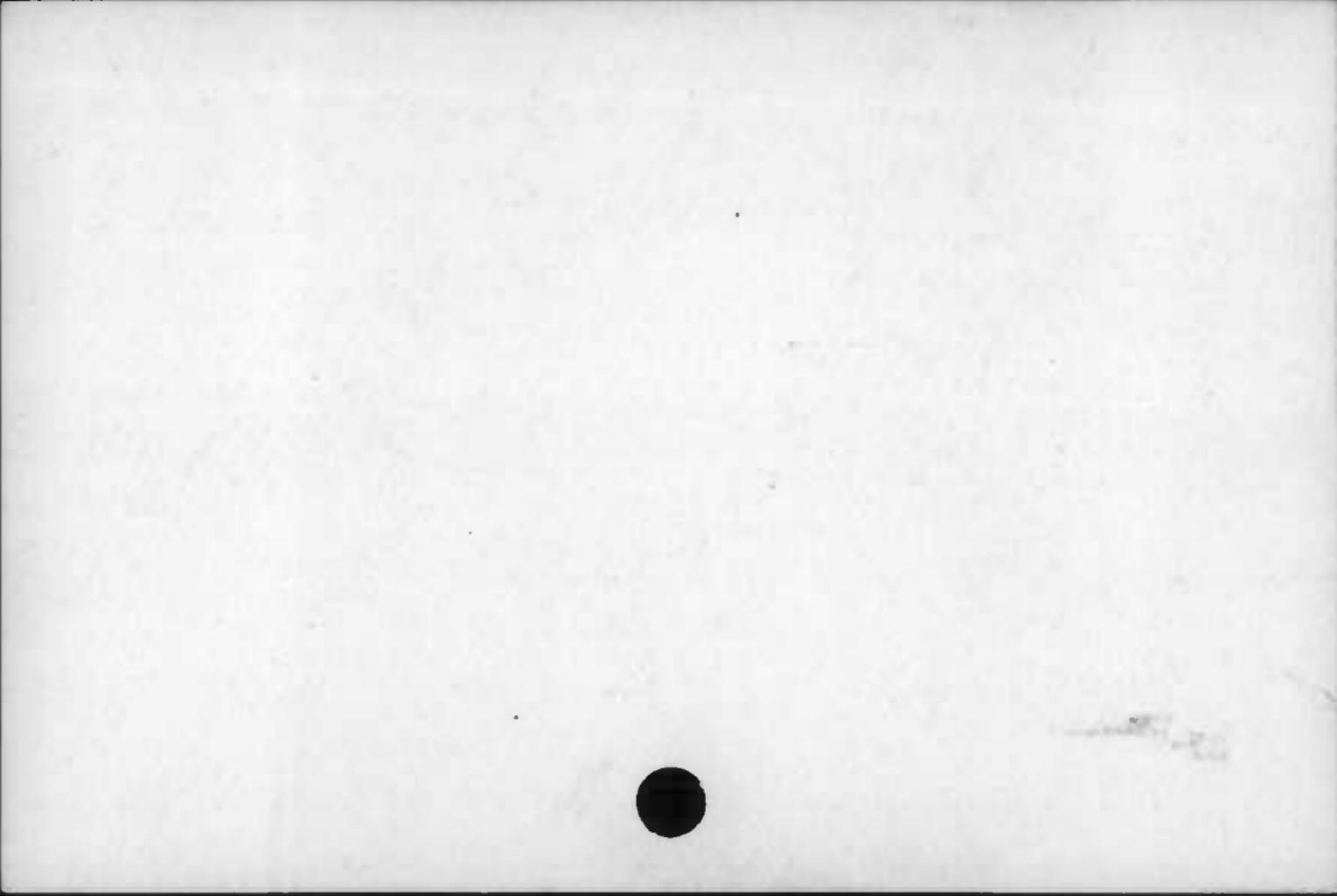
Signature of Physician

Chas. P. Fisher, M.D.

Address

Princess Annemd

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Floyd

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	190	Month	Day	Years	Months
Sex	Male	Color or Race	Age	Days	
Occupation	Lufark		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	John Floyd		—	Father's Birthplace	2nd
Mother's Maiden Name	Mary		—	Mother's Birthplace	2nd
Name of person giving Information	John Floyd		—	How related to deceased	Father

CAUSES OF DEATH

151

Primary

Insanition

How long

9 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

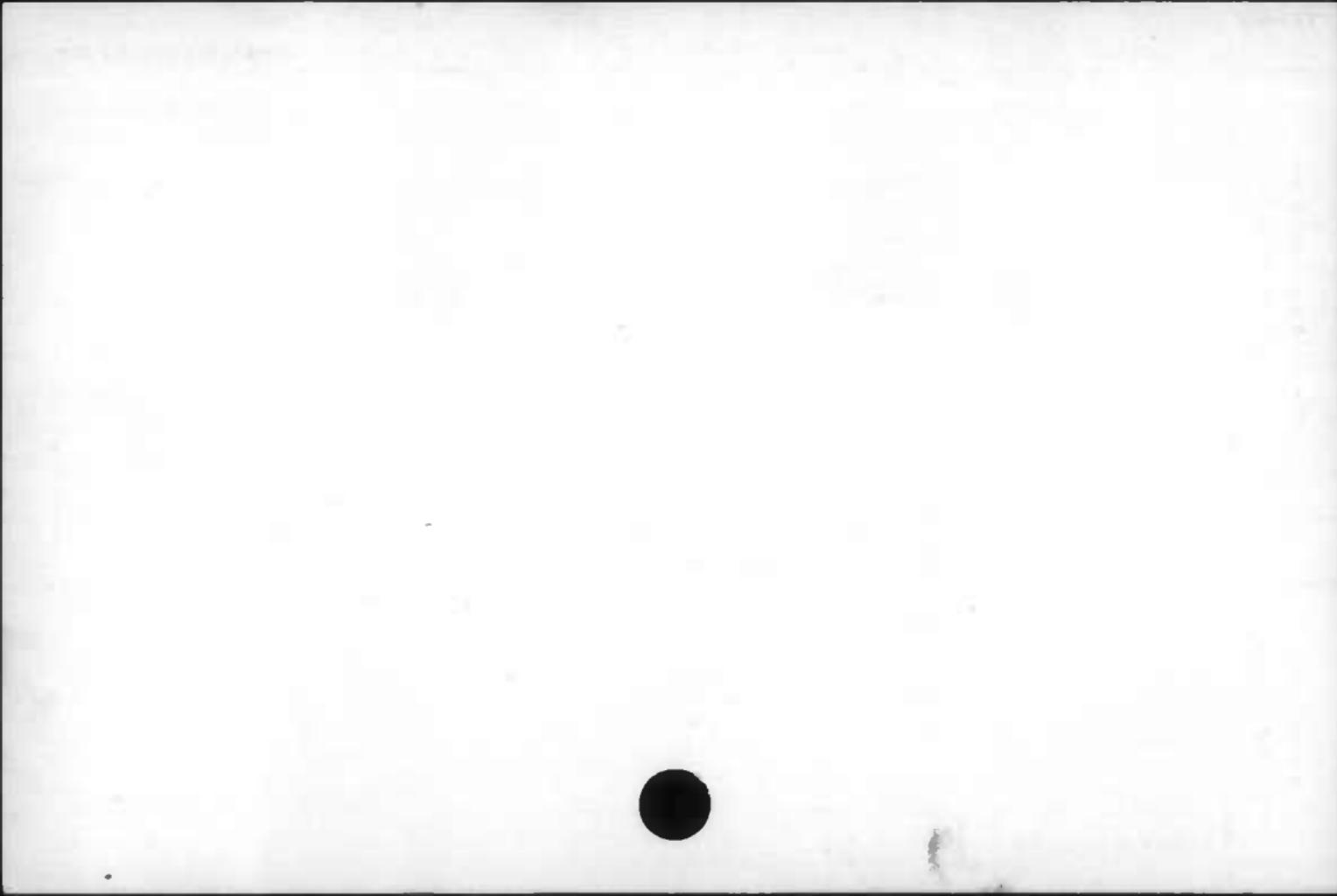
yes

Signature of Physician

Address

Dr. J. G. B. Ullman
Montgomery,
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190		Month 9	Dey 7	Years	Month	Day
Sex		Male	Color or Race	white	Birth-place	Mariou
Occupation		Where Residing if not et place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		W. G. Harris				
Mother's Maiden Name		Mintle Templeman				
Name of person giving Information		W. G. Harris				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Born at 7 mos

How long

Immediate

lived 5 hours

How long

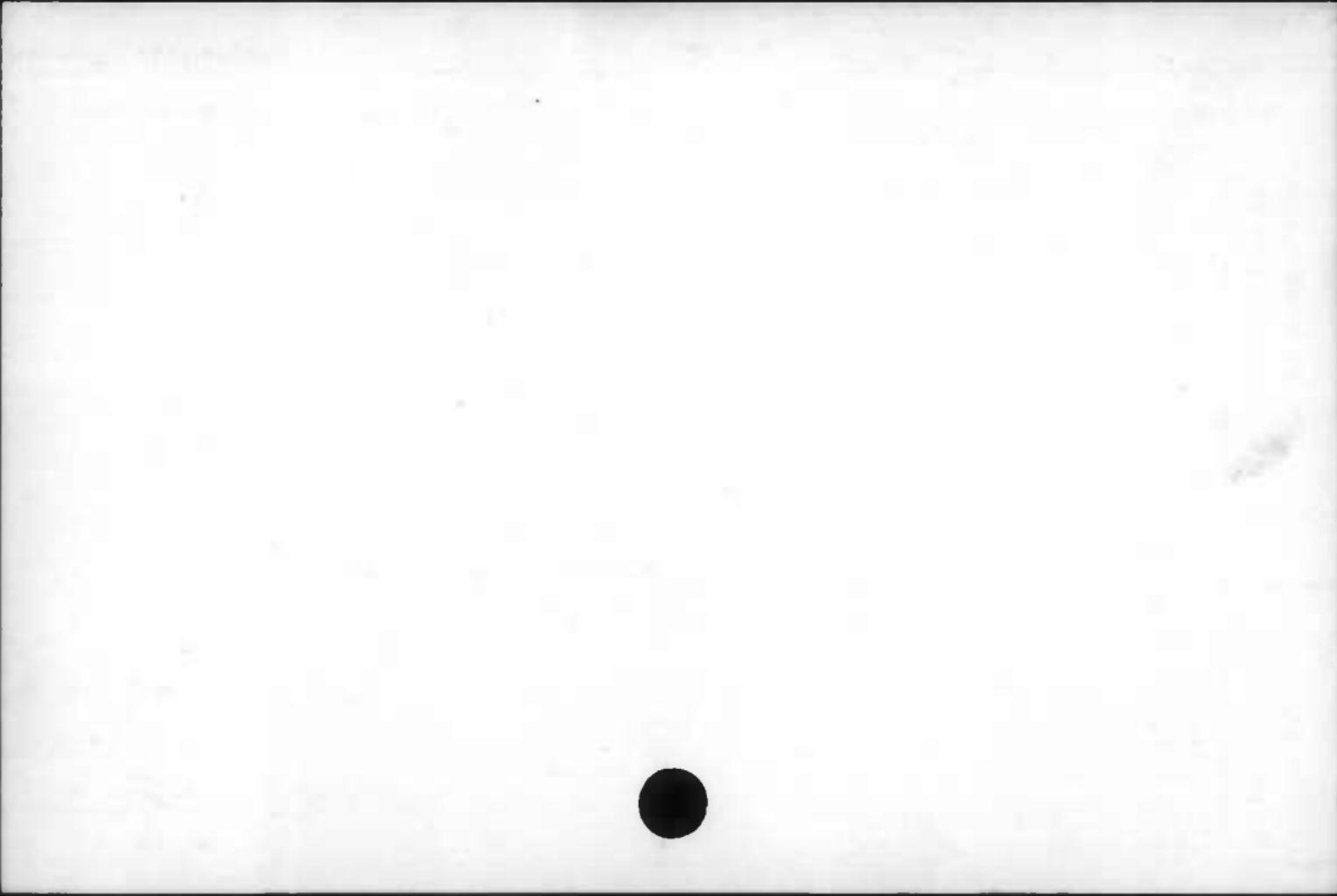
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. J. G. B. Allen

Accident or Suicide

Address



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at		Prince Edward		Somerset			
Date of death	1909	Month	March	Day	15	Years	80
Age		Months		Days			
Sex	Male	Color or Race	White	Birth- place	Somerset Co		
Occupation	Farmer		Where Residing if not at place of death	Prince Edward Co.			
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa A. Hayman		Father's Name	Wm. Hayman	
Father's Name	William Hayman				Father's Birthplace	Long Co.	
Mother's Maiden Name	Hayes, Bausey				Mother's Birthplace	Som. Co	
Name of person giving Information	James F. Hayman				How related to deceased	Son	

CAUSES OF DEATH

93

How long

1 week

1 week

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas. W. Wainwright
Prince Edward Co.

PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

Samuel G. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Westover, Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Henrietta Jones.			
Father's Name	Reverell Jones					
Mother's Maiden Name	Maria Maddox					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

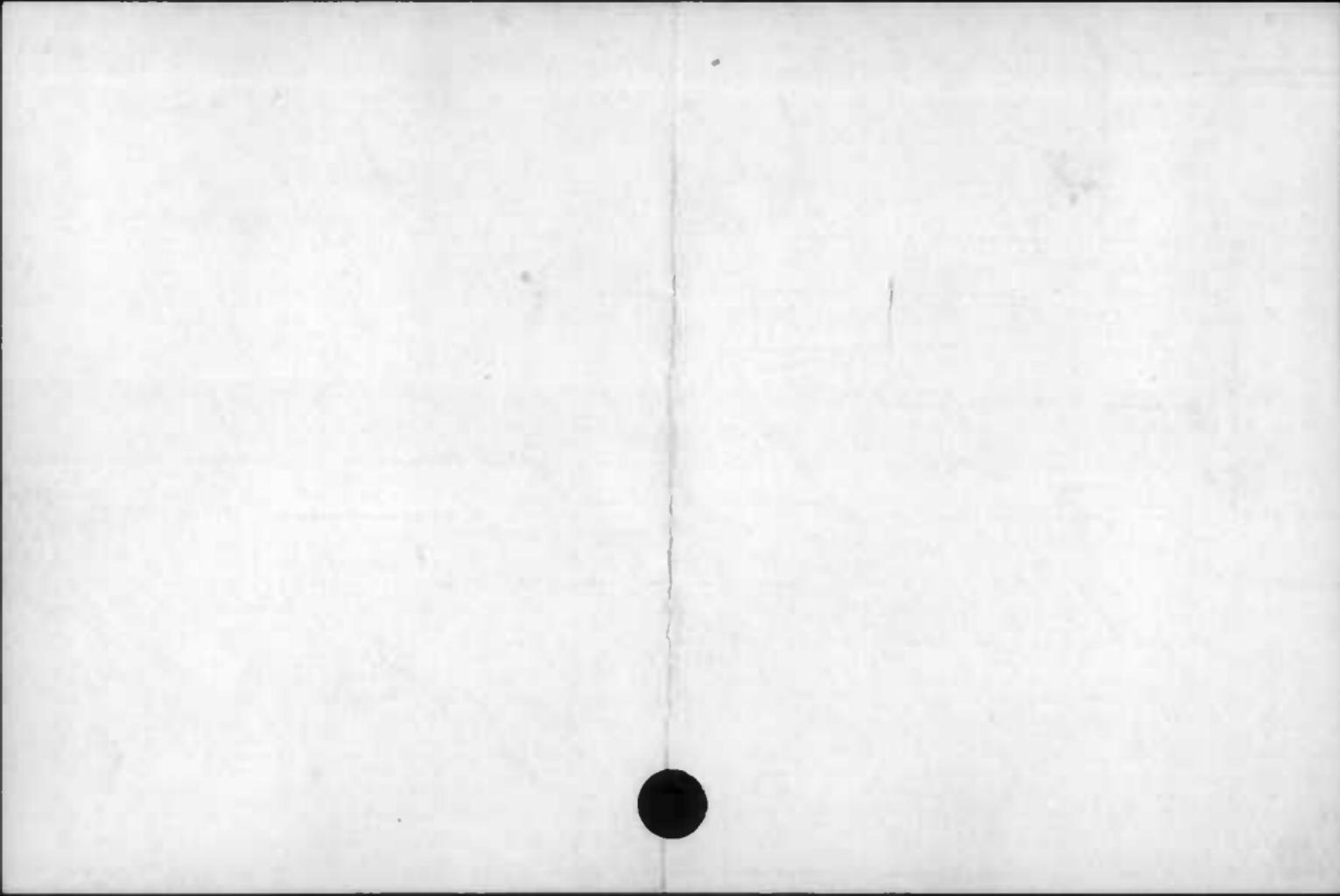
Address

G. W. Gill

Maryokin

Mod.

Accident or Suicide?



Name
in
Full

Miss Anna R. Laird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Somerset Co				
Father's Name	John Laird	Father's Birthplace	Somerset Co			
Mother's Maiden Name	Kizziah Laird	Mother's Birthplace				
Name of person giving information	Mrs Susan Nelson	How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appoplexy
Paralysis

64

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Sommers
Crossfield, Md.

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederic M. Landry

CERTIFICATE OF DEATH

Died at

Marion

Town

County

Somerset

MARYLAND

Date
of death

1909

Month

3

Day

26

Years

53

Age

Month

—

Day

—

Sex

Male

Color or
Race

White

Birth-
place

Worcester Co Md

Occupation

Farming

Where Residing if not
at place of death

+

Married, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

John H. Landry

Father's
Birthplace

Worcester Co Md

Mother's
Maiden Name

Annie S. Straus

Mother's
Birthplace

Wor
Fallon

Name of person giving
Information

John H. Landry

How related
to deceased

27

How long

one year

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Immediate

yes

Signature of
Physician

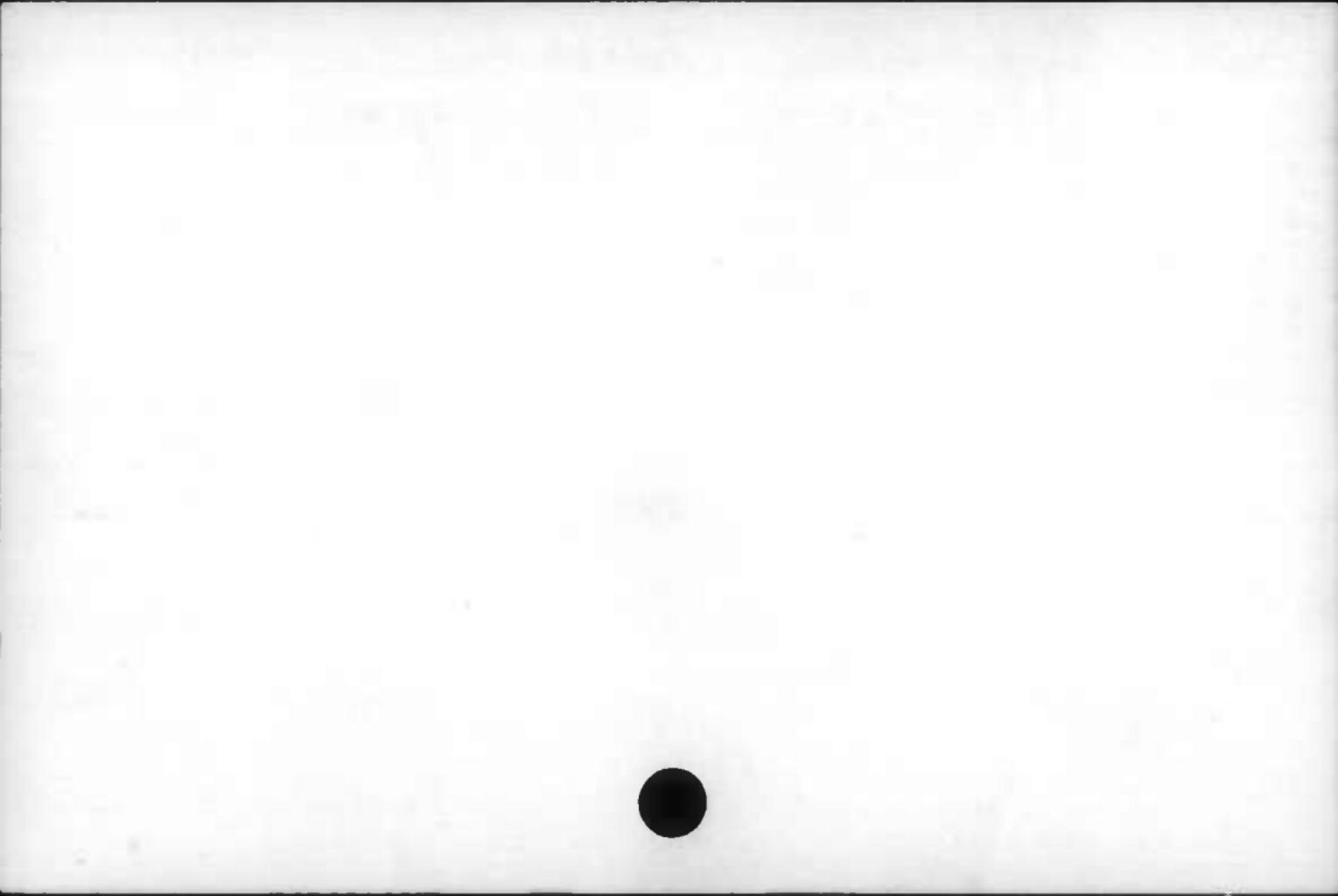
Address

W. F. Stael
Drisfield Md

Are the name, age, sex, color, date
and place correctly given above?

no

Accident or Suicide



Name
in
Full

Elizabeth V. Lovers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 March 4

Age 64

"

—

Sex

Color or
Race

White

Birth-
place

Reounce Co Va

Occupation

House work

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

George Lovers

Father's
Name

John Foster

Father's
Birthplace

South Kans

Mother's
Maiden Name

Esther (unknown)

Mother's
Birthplace

"

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

10

Primary

Lag-Graphia
Aphasia

How long

3 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

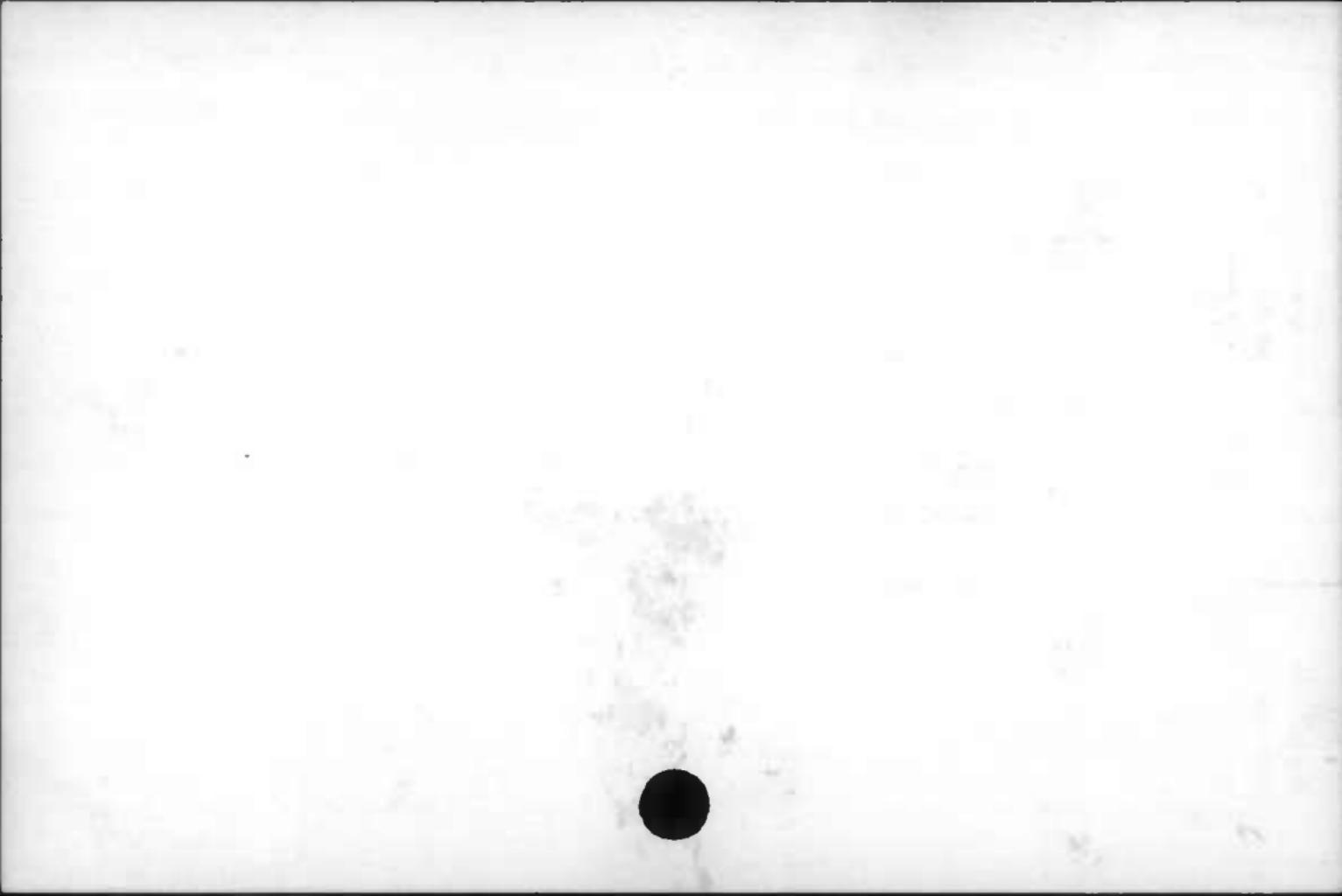
Signature of
Physician

Address

CB Callemon
Cirfield.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

No name Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		3	22	Age	still Born	
Sex	Female	Color or Race	Black	Birth-place	nd	
Occupation	Where Reading if not at place of death					✓
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	Reuben Miles			Father's Birthplace	nd	
Mother's Maiden Name	Eden Melbourn			Mother's Birthplace	nd	
Name of person giving Information	Father			How related to deceased	8	

CAUSES OF DEATH

Primary

still Born

How long

✓
✓

Immediate

..

How long

Are the name, age, sex, color, date and place correctly given above?

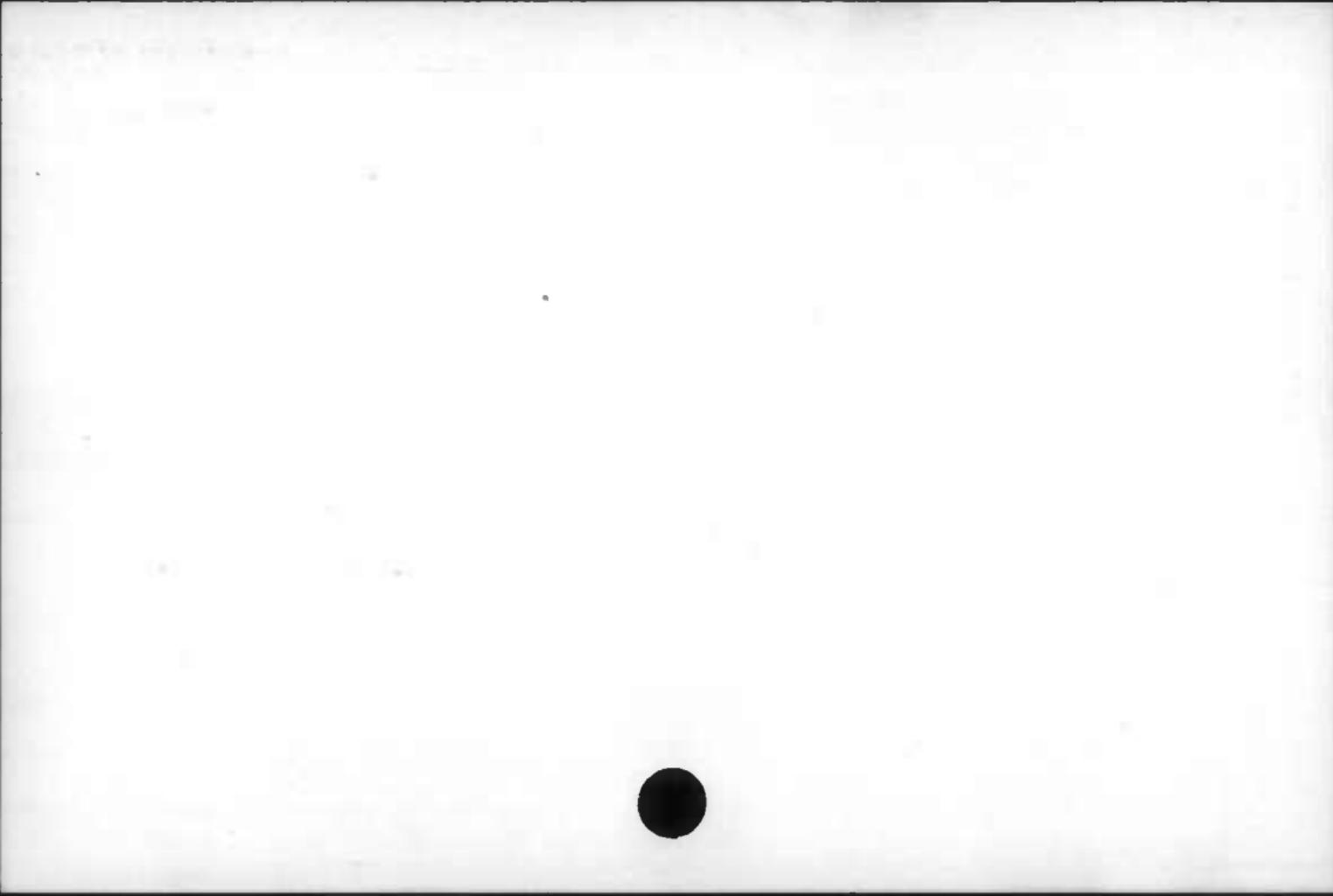
yes

Signature of Physician

Address

Dr. Smith (not in attendance)
Dr. Green nd

Accident or Suicide



Name
in
Full

Norman Mister

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Lawsonia	Town	County	Somerset		MARYLAND
Date of death	1909	Month Mar	Day 10	Years 1	Months 0	Days 6
Sex	Male	Color or Race	White	Birth-place	Lawsonia	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Lawsonia	
Father's Name	George Mister			Mother's Birthplace	" "	
Mother's Maiden Name	Effie Sterling			How related to deceased	None	
Name of person giving information	J. S. Lawson			How long	3 weeks	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

93

How long

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

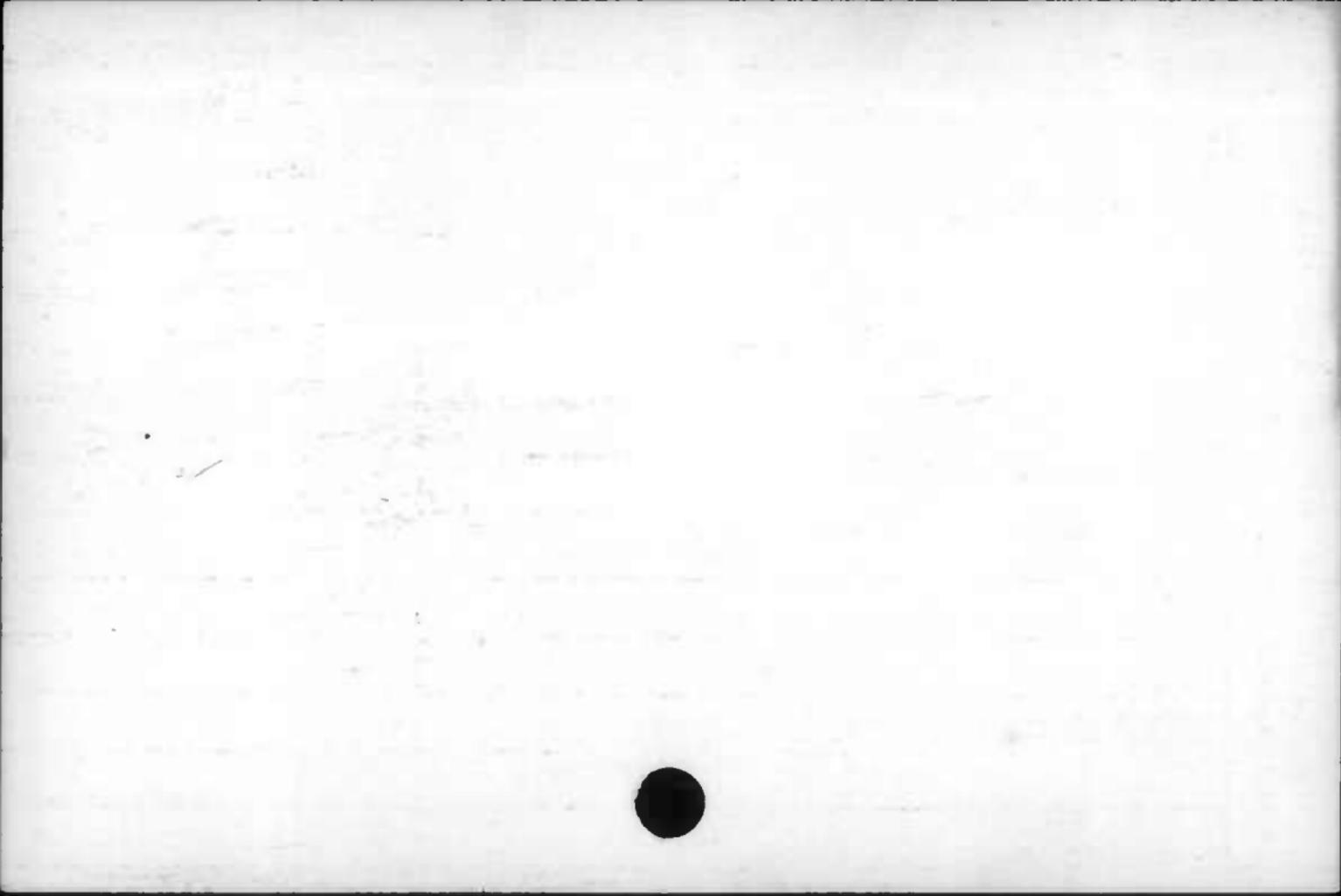
Yes

Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Martica S. Parks

CERTIFICATE OF DEATH

Died at

Mount Vernon

Town

County

MARYLAND

Date
of death

1909

Month

Day

Years

Month

Days

Age

87

Sex

Female

Color or
Race

White

Birth-
place

Susser Co

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wifey
Husband

Gabriel Parks

Father's
Birthplace

Unknown

Father's
Name

Thomas Roberts

Mother's
Maiden Name

Jacq. Mitchell

Mother's
Birthplace

Unknown

Name of person giving
Information

Thomas Parks

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

General debility old age

How long

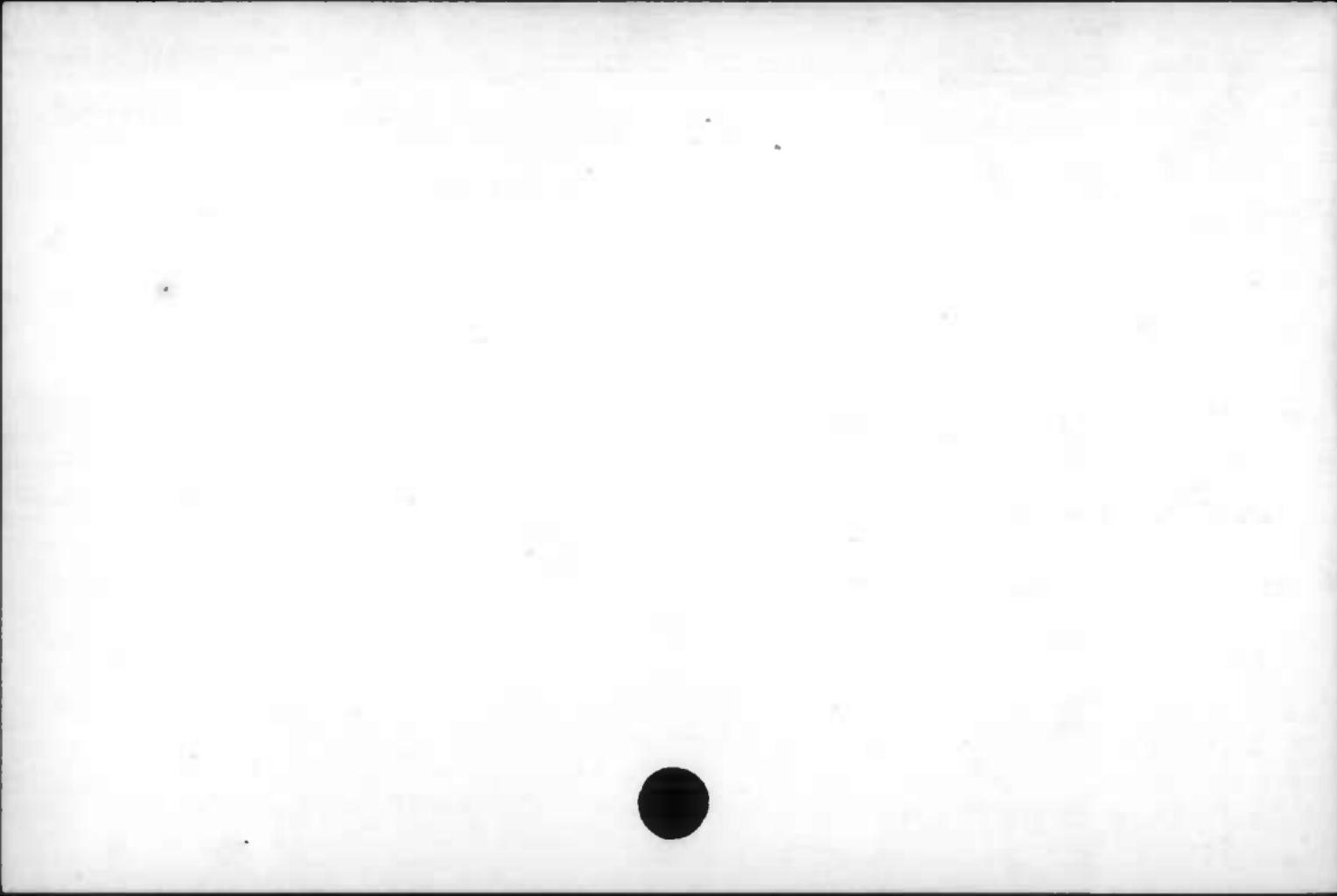
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. A. Baryas
Princess Anne
P. F. D. No 2

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grace Tawes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	85		
Occupation	Homemaker		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Edward Tawes.			
Father's Name	Isaac Lawson		Father's Birthplace Mid.			
Mother's Maiden Name	Sallie Lawson		Mother's Birthplace 1.			
Name of person giving Information	Jas. C. Tawes.		How related to deceased Son			

CAUSES OF DEATH

123

Primary

Valvular Heart

5 years

Immediate

Acute cystitis

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yer

W. F. Stael
Crisfield Md

Accident or Suicide

no



Name
in
Full

Wilciah Filghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper Fairmount County Potomac
Town Upper Fairmount County Potomac
Date of death 1909 Month Mar Day 4th Years 86 Months — Days —
Sex Female Color or Race Black Birth-place Potomac, Pa
Occupation Housework Where Residing if not at place of death
Married, Single or Widowed Widow Name of Wife or Husband Levin Filghman
Father's Name Donl - know Father's Birthplace Dickinson
Mother's Maiden Name Donl - know Mother's Birthplace Donl - know
Name of person giving Information Banksire Waters How related to deceased Grand Son

Primary

CAUSES OF DEATH

154

Immediate

How long

Gradually failed

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

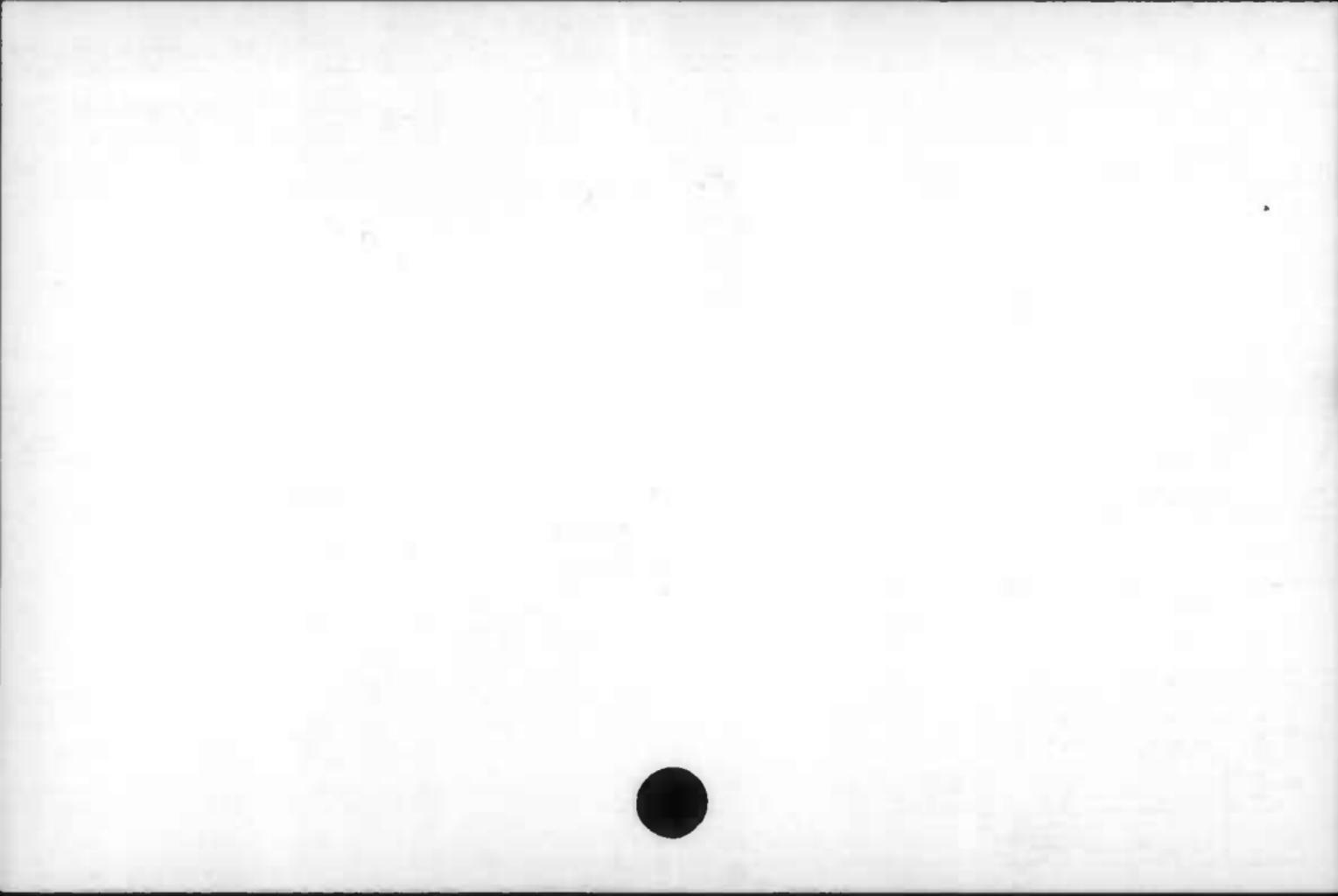
Address

G. E. Dickinson
Upper Fairmount
Md.

6

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Sadie Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Mar	Day 27th	Years 27	Months	Days
Sex	Female	Color or Race	White	Birthplace Somerset Co		
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Somerset Co		
Father's Name	J. Webster			Somerset Co		
Mother's Maiden Name	Matilda A. Hopkins			Somerset Co		
Name of person giving Information	Clara Hopkins			Somerset Co		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Philipsy

69

How long

Immediate

8 years

Are the name, age, sex, color, date and place correctly given above?

Yes

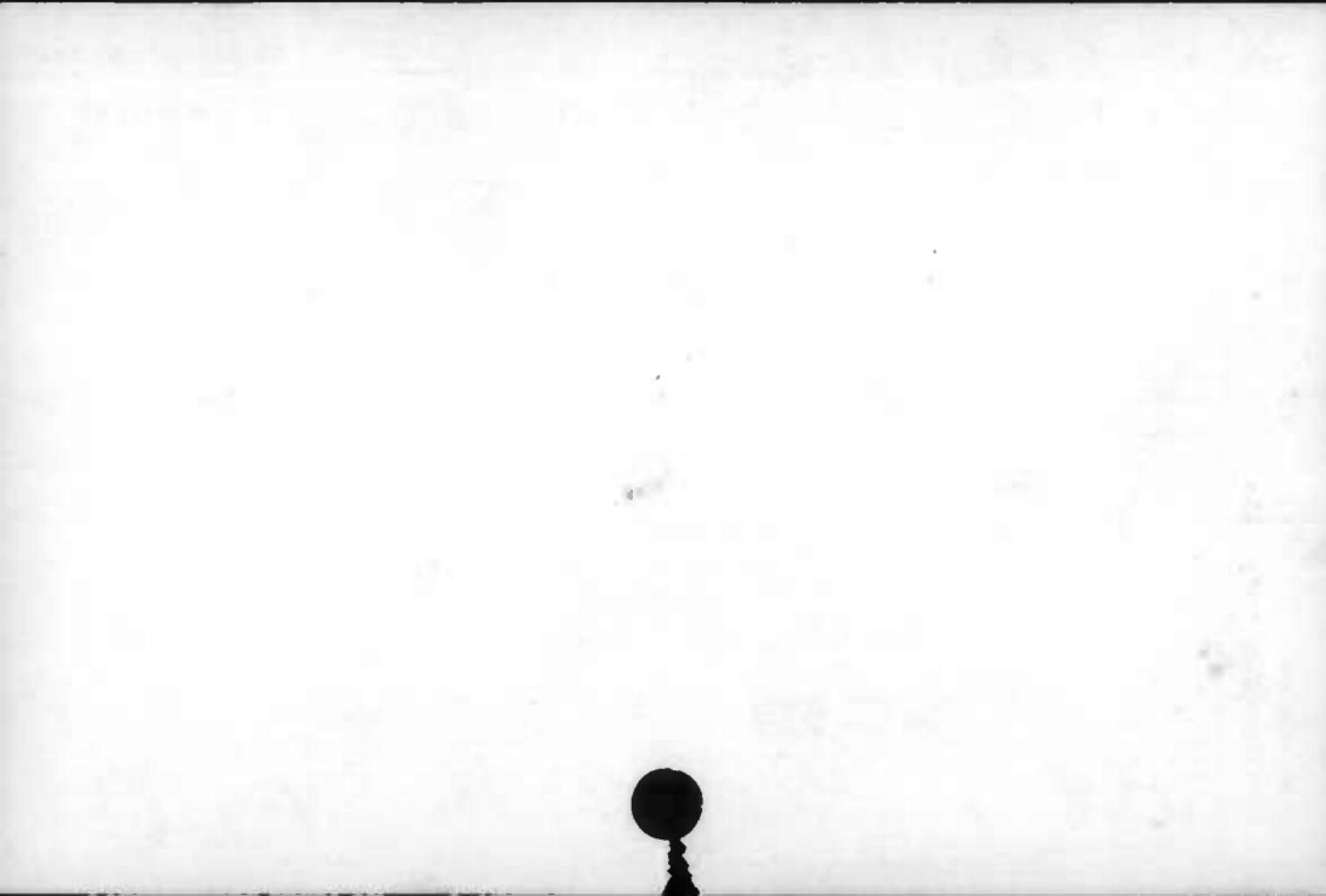
Signature of Physician

Address

H. Barnes M.D.
Princetown Md
P.T.D. No 2

Filed 1909

Accident or Suicide



Name
in
Full

Thomas Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal's Island		County		MARYLAND		
Date of death 1907	Month March	Day 19	Years 1	Months 11	Days 4	Birth-place Somerset Co
Sex Male	Color or Race White	Occupation Deal's Island Md				
Married, Single or Widowed		Where Residing if not at place of death				
Father's Name	Hosea C. Webster		Father's Birthplace			Somerset Co, Deal's Island
Mother's Maiden Name	Laura C. Kelley		Mother's Birthplace			Somerset Co, Chance
Name of person giving information	Laura C. Webster		How related to deceased			Mother

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Intussusception

Two days.

Immediate

Surgical Shock

Two days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

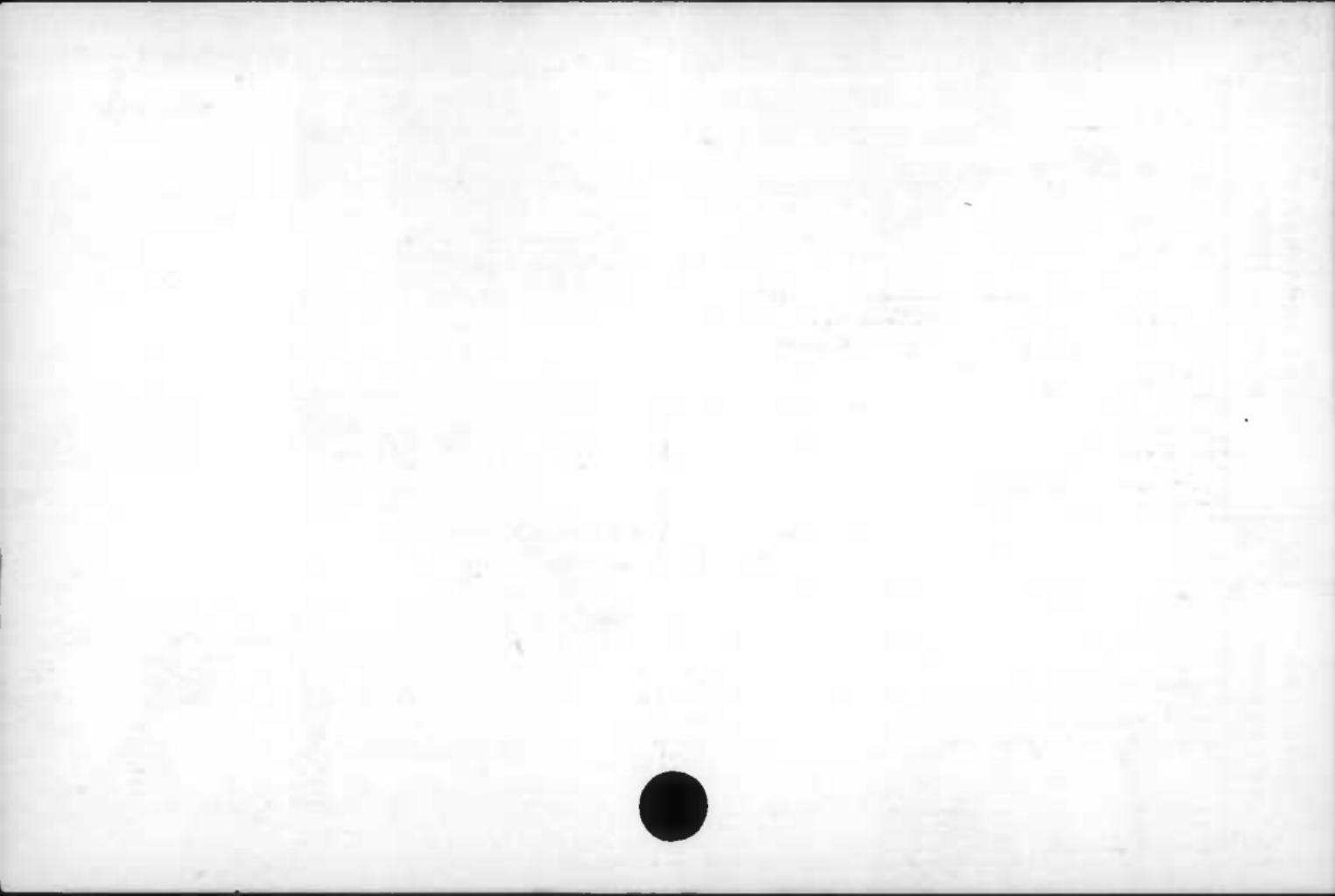
Yes.

Address

Chas. J. Schwartz

Deal Island, Md.

Accident or Suicide



Name
in
Full

Zella Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	School Girl.		Where Residing if not at place of death	Deals Island Md.	
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Somerset Co.	
Father's Name	Hosea C. Webster		Mother's Birthplace	Chancery Md.	
Mother's Maiden Name	Laura Kelley		How related to deceased	Mother	
Name of person giving Information	Laura Webster		175	How long	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pernicious Poisoning

Two days
How long

Immediate
Coma

Any ..

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

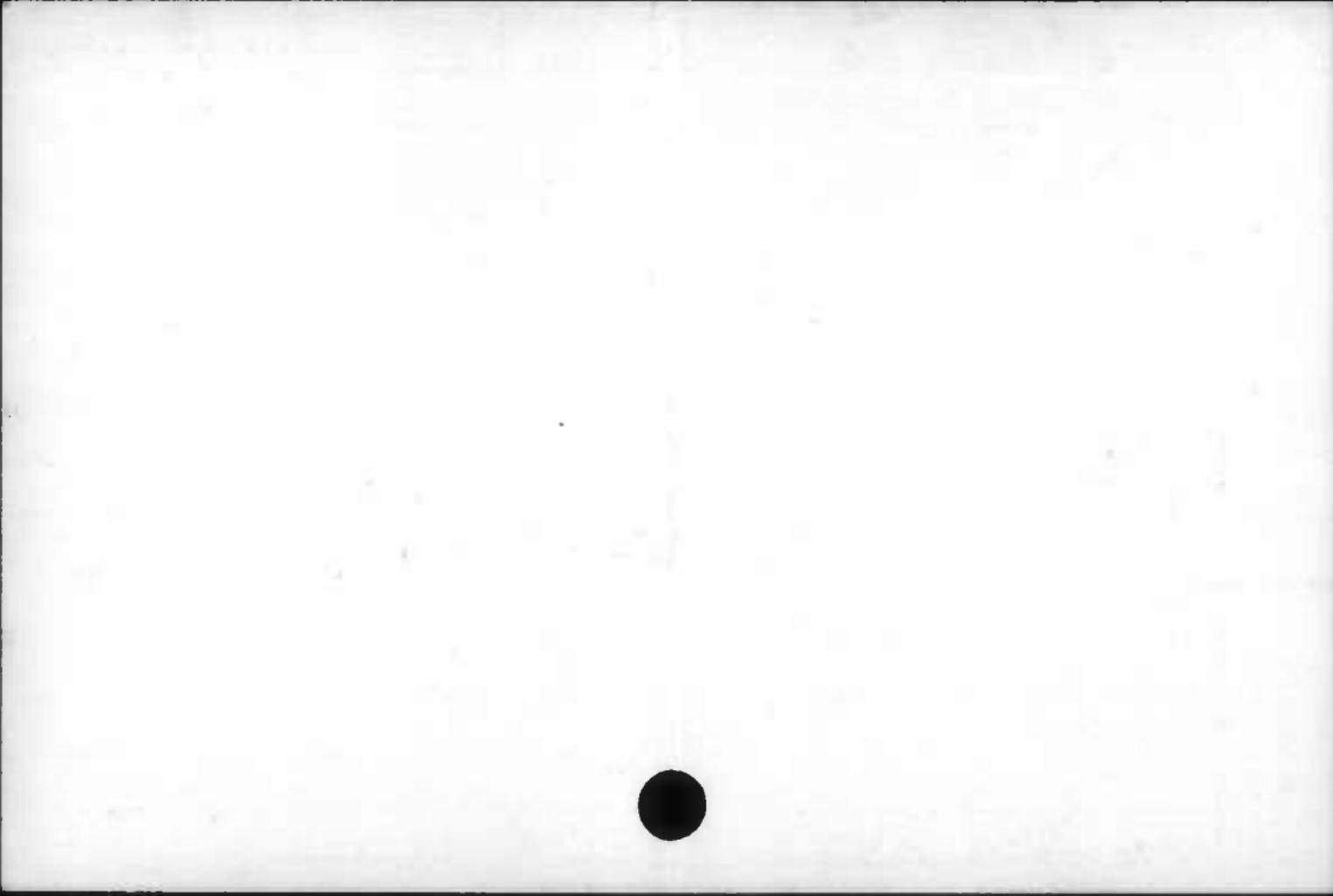
Address

Chas. T. Schwartke
Deals Island.

Y

Yes.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White			
Occupation	Oysterman		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Edward White		Som. Co.			
Mother's Maiden Name	Mary A. Price		Som. Co.			
Name of person giving information	Edward White		Father			

CAUSES OF DEATH

27

How long

One year

How long

Two years

Primary

Tuberculosis

Immediate

Asphyxia

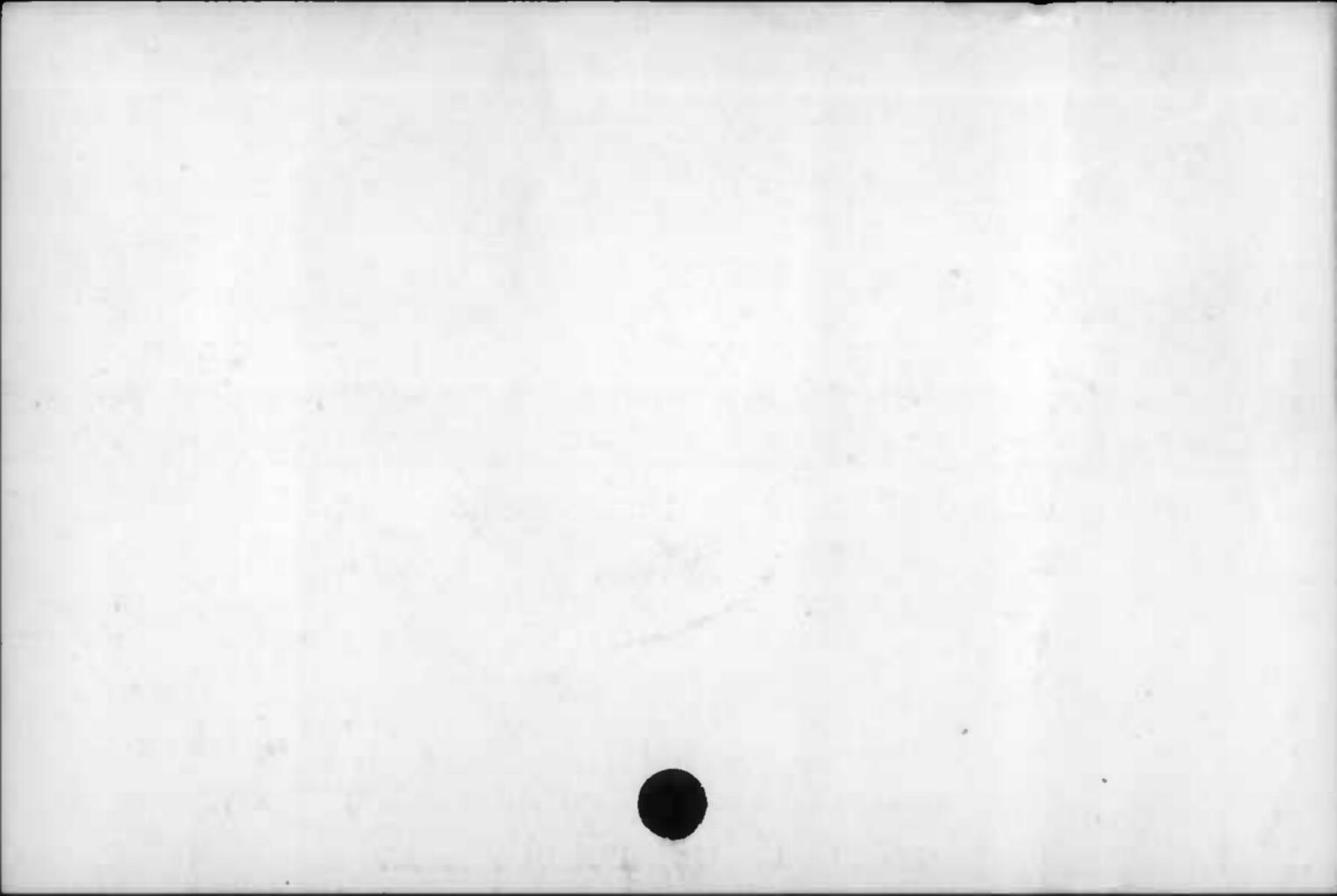
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Windsor, M.D.
209 Queen Street
Som. Co., Md.

Accident or Suicide?



Name
in
Full

Alonzo Whittington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Marion</u>		Town <u>Marion</u> County <u>Somerset</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>March</u>	Day <u>2nd</u>	Age <u>16</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace			
Father's Name <u>Geo O. Whittington</u>	Mother's Birthplace					
Mother's Maiden Name <u>Effie</u>	Name of person giving information <u>Geo O. Whittington</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Gunshot - Wound.</u>		How long <u>12 hours</u>
Immediate	<u>Internal hemorrhage</u>		How long <u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Geo</u>	Address <u>Dr. D. G. B. Allen</u>
Accident or Suicide?		<u>Self Inflicted</u>	

14" wide
11" deep
3 ft 2 Long

Name
in
Full

Infant Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Infant		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacques Wilson				
Mother's Maiden Name	Sarah Hopkins				
Name of person giving Information	Signature Co				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

St. Sorm

3
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

H. Barnes, M.D.
Emergency Room
P.T.D. No 2

Accident or Suicide

